

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90117 049 \*\*\*150.00

**DOCUMENT # P98000107565**

1. Entity Name  
**TIBSEN & FAIR, INC.**

Principal Place of Business  
**4114 HERSCHEL STREET**  
**SUITE 108**  
**JACKSONVILLE FL 32210**

Mailing Address  
**4114 HERSCHEL STREET**  
**SUITE 108**  
**JACKSONVILLE FL 32210**

2. Principal Place of Business  
**4401 Lakeside Drive**  
 Suite, Apt. #, etc.  
**104**

3. Mailing Address  
**4401 Lakeside Drive**  
 Suite, Apt. #, etc.  
**104**

City & State  
**JACKSONVILLE**  
 Zip  
**32210**

City & State  
**JACKSONVILLE**  
 Zip  
**32210**

4. FEI Number  
**74-2925723**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**NESBITT, THOMAS JR.**  
**4114 HERSCHEL STREET**  
**SUITE 108**  
**JACKSONVILLE FL 32210**

## 7. Name and Address of New Registered Agent

Name  
**Nesbitt, Thomas Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4401 Lakeside Drive**  
**Suite 104**  
 City  
**JACKSONVILLE** FL Zip Code  
**32210**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Thomas Nesbitt Jr., Pres* DATE 1-8-02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE  
**DPS**  
 NAME  
**NESBITT, THOMAS JR**  
 STREET ADDRESS  
**4114 HERSCHEL STREET, #108**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32210**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**DPS**  
 NAME  
**Nesbitt, Thomas Jr**  
 STREET ADDRESS  
**4401 Lakeside Drive**  
 CITY-ST-ZIP  
**JACKSONVILLE, FL 32210**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Nesbitt Jr., Pres*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02 904-358-9606  
 Date Daytime Phone #

CR2E034 (9/01)